

CAPITAL IMPROVEMENTS PROGRAM BUDGET WORKSHEET 2015 / 2016 Project Information Sheet

This form MUST be completed for each project requested for funding in the 2015-2016 Capital Budget. <u>Use a separate form for each project</u>, and please prioritize each project 1 through *X*, with 1 representing your highest priority and *X* the lowest.

Department Name:	Monroe Multi-Sports Complex
Priority Ranking:	
Project Title:	Compressor 3 New Motor Compressor Rebuild
Quantity(if applicable):	1
Project Useful Life:	5 -10 Years
Cost Estimates:	Current FY Project Request: \$30,000.00
	Prior Funding: \$0.00
	Total Project Cost: \$30,000.00
Projected Schedule of Purchase:	FY 2015-2016
Source of Funding:	General Funding or Building Authority Funds
Purpose of Expenditure:	This will get Compressor Number 3 Fully Operational.
Project Justification:	This will be needed to sustain the life of the compressor system to its full capacity. It will also allow the MMSC to restart Rink 1 Floor if ever needed.
Projected Budget Impact:	Cost of \$30,000.00

Check those items that apply:

Type of Project:	X Equipment	□ venicie	□ Project	
Status of Request:	X New Request	□ Funding Reque	ested in Prior Year	
Status of Item or	X Replacing Existing Ed	quipment, Vehicle, Et	·c.	
Project:	☐ Equipment, Vehicle, Etc. that is New to the City			
Please answer the following questions related this request.				
Has this project be how much?	een requested previously	? If so, when? Was	funding awarded? If yes,	
This project was placed in 5 y	year projections during the 2014-	2015 CIP Budget Discussio	ons.	
2. Description and fu	unction of new capital ite	·m:		
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4. Explain new or improved service that will result from new item and impact on your department's performance or services provided:
The quality of the ice surface will be better keeping the ice surface hard as needed to provide for high quality.
5. What will be the operating budget cost or savings? (List costs/savings for personnel, supplies, and other charges separately).
The \$8,000 needed to replace the motor. Remainder will cover Supplies, and Labor.
6. Does the proposed project comply with the City's Comprehensive Plan?

Are there other alternatives to the proposed item or request? (E.g., lease vs. buy, repair rather than replace, share with other governmental jurisdictions, etc.)
The motor will be a replacement and compressor will be a repair.
8. How is the cost proposed to be funded? Are there alternative sources of funding? (E.g., donations, millages, special assessments, grants, etc.)
There are no additional alternatives for funding at this time.
9. Are there opportunities to share costs and services with other governmental units within the region?
10. Insert a photo/drawing, or cut-sheet of the site or equipment if available.

 For fixed projects, Include a map of the project location if applicable and/or appropriate. 		
This will be placed in the compressor room in the rear of the building.		